

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009439

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1469

STATE FILE NUMBER

FILED FEB 28 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in lb

2 Hrs.

c. FULL NAME OF (If NOT in hospital, give location)

Homer G. Phillips Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY

OR

TOWN Dellwood

d. STREET

ADDRESS

10185 Dellridge

(If outside, give location)

10185 Dellridge

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Edward

Middle

R.

Last

Stamm

4. DATE

OF

DEATH

2-9-63

Month

2-9-63

Day

2-9-63

Year

2-9-63

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-18-36

9. AGE (last birthday)

26

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Postal Clerk

10b. KIND OF BUSINESS OR INDUSTRY

U.S. Govt.

11. BIRTHPLACE (City and state or country)

St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Edward Stamm

13b. MOTHER'S MAIDEN NAME

Loretta Wirtel

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes

UNK

16. SOCIAL SECURITY NO.

17. INFORMANT

Edward Stamm 10185 Dellridge

Address

10185 Dellridge

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE

Fractured skull, Subdural Hemorrhage, Multiple

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Due to Fractures and shock, suffered in collision on Highway 70

near Marcus Blk about 12th A.M. on Feb. 9th 1963.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

accident

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

20c. TIME OF INJURY

Hour Month, Day, Year

12th 2-9-63

a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

Highway 70

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.)

Highway 70

20f. CITY, TOWN, OR LOCATION

St Louis, Mo

COUNTY

St Louis, Mo

STATE

St Louis, Mo

21. I attended the deceased from _____ to _____ and last saw her alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Signature

(Degree or title)

Deputy

22b. ADDRESS

1300

22c. DATE SIGNED

2-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

2-13-63

23c. NAME OF CEMETERY OR CREMATORY

Laurel Hill Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co. Mo.

24. FUNERAL DIRECTOR

J.W. Clark

ADDRESS

F.H. 1125

Hodiamont Ave.

25. DATE RECD. BY LOCAL REG.

FEB 11 1963

26. REGISTRAR'S SIGNATURE

Good Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

VS-300

Rev. 4/59

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MAR 1 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. 14511

P. O. Address *[Signature]* Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.